	U. S. COST REIMBURSABLE (Department, bureau, or establishment)							- PAID BY		
Voucher prep	oared at		(Clean Name and Jata)	*			.			
THE UNITED S			Account No					Guel	P#	
		J						DDD-24	122-	
10		(Pa	yee)				-   <u>L</u>	COPY /	OF.	
			(City)	(Sf	tate)		_			
No. and Date of	Date of Delivery	ART (Enter description, ite	TICLES OR SERVICE	S t or Federal su		OHILBITITY	UNIT	PRICE	A	
Order	or Service	schedule, and ot Discount Terms	her information deem	ned necessary)		QUANTITY	Cost	Per	Do	
		Cost							\$7	
PAYMENT:										
Complete										
Partial Final										
Shipped from			inuation sheet(s) if nec	essary Government B	/L. No.			Total	\$7	
		t and just and that paymer				must NO	T use this		41	
r coreiny that the	4,00 v 6 5.11 10 001100				Difference	28			.	
-		(Sign original only)		-						
Date 3-24-	59_*Payee								<u></u>	
		d when a like certificate is made by payes on attached bill or bills)			Amount verified; correct for 7. (Signature or initials)					
Per Contract No.		Date	Reg. No.		(Signa)			nvoice Rec'		
	1:									
	•	I certify that this account is	s correct and proper fo							
† Approved for \$ -			SIGN	†		(Authoria	ed Certify	ing Officer)		
Ву			ORIGINAL ONLY	Title						
rre.1			URLI	D :						
I stile		IS FORM MUST BE EXECUTED WH	EN DIBCHYCEG YDE MYDE					IN ANY FORM		
									<u></u>	
	ACCOU	NTING CLASSIFICATION	(Appropriation Symb	1		classificat	da44	1\		

Approved For Release 2001/08/15: CIA-RDP64-00360R000600040083-1 STATOTHR Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040083-1